

SM

U.S. Department of Justice
United States Marshals Service

RCVD USMS AUG 2 '21 PM 12:46

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF UNITED STATES OF AMERICA		COURT CASE NUMBER 19 CR 277
DEFENDANT CONCEPCION MALINEK		TYPE OF PROCESS final order of forfeiture
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN SERVE AT { United States Marshals Service ADDRESS (Street or RFD), Apartment No., City, State and ZIP Code) 219 S. Dearborn St, Chicgao, IL 60604		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285
OFFICE OF THE UNITED STATES ATTORNEY 219 S. DEARBORN STREET, ROOM 500 CHICAGO, ILLINOIS 60604 Attn: Mary Beth Ryan		Number of parties to be served in this case
		Check for service on U.S.A.
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service): Please deposit \$3,549 into the Asset Forfeiture Fund.		
19-FBI-004501		

Signature of Attorney other Originator requesting service on behalf of: <i>Christopher Parente MR</i>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 312-353-5300	DATE 7/30/2021
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process <u>1</u>	District of Origin No. <u>24</u>	District to Serve No. <u>24</u>	Signature of Authorized USMS Deputy or Clerk <i>Cynthia Villanueva</i>	Date <u>8/2/2021</u>
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input checked="" type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.					
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)					
Name and title of individual served (if not shown above)				Date <u>8/2/21</u>	Time <u>1:00</u> <input type="checkbox"/> am <input checked="" type="checkbox"/> pm
Address (complete only different than shown above)				Signature of U.S. Marshal or Deputy <i>Cynthia Villanueva</i>	
Costs shown on attached USMS Cost Sheet >>					

REMARKS

Disposed According to Law 7/30/2021

FILED

AUG 03 2021 *CB*THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT